Amendments to the Specification:

After Paragraph **[0027]**, please add the following paragraph:

[0027A] Figure 15 illustrates one method for delivering an intravascular support to a desired location in the body.

After Paragraph **[0052]**, please add the following paragraph:

[0052A] Figure 15 illustrates one method for delivering an intravascular support 150 in accordance with the present invention to a desired location in the body. As indicated above, intravascular support 150 is preferably loaded into and routed to a desired location within a catheter 200 with the proximal and distal anchors in a collapsed or deformed condition. That is, the eyelet 172 of the distal anchor 170 is positioned proximally of the distal lock 160 and the eyelet 142 of the proximal anchor is positioned proximal to the proximal lock 164. The physician ejects the distal end of the intravascular support from the catheter 200 into the lumen by advancing the intravascular support or retracting the catheter or a combination thereof. A pusher (not shown) provides distal movement of the intravascular support with respect to catheter 200, and a tether provides proximal movement of the intravascular support with respect to catheter 200. Because of the inherent recoverability of the material from which it is formed, the distal anchor begins to expand as soon as it is outside the catheter. Once the intravascular support is properly positioned, the eyelet 172 of the distal anchor is pushed distally over the distal lock 160 so that the distal anchor 170 further expands and locks in place to securely engage the lumen wall and remains in the expanded condition. Next, the proximal end of the support wire is tensioned by applying a proximally-directed force on the support wire and distal anchor to apply sufficient pressure on the tissue adjacent the support wire to modify the shape of that tissue. In the case of the mitral valve, fluoroscopy, ultrasound or other imaging technology may be used to see when the support wire supplies sufficient pressure on the mitral valve to aid in its complete closure with each ventricular contraction without otherwise adversely affecting the patient. Once the proper pressure of the support wire has been determined, the proximal anchor is deployed from the catheter and allowed to begin its expansion. The eyelet 142 of the

proximal anchor is advanced distally over the proximal lock 164 to expand and lock the proximal anchor, thereby securely engaging the lumen wall and maintaining the pressure of the support wire against the lumen wall. Finally, the mechanism for securing the proximal end of the intravascular support can be released. In one embodiment, the securement is made with a braided loop 202 at the end of the tether and a hitch pin 204. The hitch pin 204 is withdrawn thereby releasing the loop 202 so it can be pulled through the proximal lock 164 at the proximal end of the intravascular support 150.